| is a describer. | - glame - | # albert over 18 | OMB APPROVA | L NO. | A second second second second | PAGE | | OF | |
|--|--|-------------------|--|----------------------------|---|-------------------------|----------------|-------------|--|
| REQUEST FOR ADVANCE | | | 0348-0004 | | | | | PAGES | |
| | | | | a. "X" one or both bo. | res | 2. BASIS | OF REQUE | EST | |
| OR REIMBURSEMENT | | | 1. TYPE OF | ADVANCE | REIMBURSE- | | ☑ CASH | | |
| (See instructions on back) | | | PAYMENT REQUESTED | I | b. "X" the applicable box FINAL PARTIAL | | ACCRUAL | | |
| 3. FEDERAL SPONSORING AGENC | 4. FEDERAL GRANT OR OTHER | | | 5. PARTIAL PAYMENT REQUEST | | | | | |
| WHICH THIS REPORT IS SUBMITTED | | | IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY | | | NUMBER FOR THIS REQUEST | | | |
| | | | Cooperative Agreement # | | | | | | |
| 6. EMPLOYER IDENTIFICATION | | ACCOUNT NUMBER | 8. PERIOD COVERED BY THIS REQUES | | | | | | |
| NUMBER | | | FROM (month, a | lay, y ear) | | TO (mor | nth, day, year | r) | |
| Escrow Agent IRS # | Otan Dept | . Of Ags # | 40 000000 | | FF (1) 2 01 | | | | |
| | | | 10. PAYEE (Where check is to be sent if different than item 9) | | | | | | |
| Name: Utah Department | Name: Name and Address of Escrow Agent | | | | | | | | |
| Number 1305 Longviev | Number | | | | | | | | |
| and Street: | | | and Street: | | | | | | |
| City, State, Salt Lake City, UT 00001 | | | City, State, | | | | | | |
| and ZIP Code: | and ZIP Code: | | | | | | | | |
| | | | | | | | | | |
| 11. | COMPUTATION | OF AMOUNT OF REAL | MBURSEME | NTS/ADVANCES | REQUESTED | | | | |
| PROGRAMS/FUNCTIONS// | ACTIVITIES - | (a) | (b) | | (c) | | | TOTAL | |
| a. Total program outlays to date | (As of date) | \$ 112,000 | .00 \$ | | s | | s | 112,000.00 | |
| b. Less: Cumulative program in | ncome | | | | | | | | |
| c. Net program outlays (Line a minus | | 112,000. | 00 | 0.00 | | 0.00 | | | |
| d. Estimated net cash outlays for advance period | | | | } | | | | | |
| e. Total (Sum of lines c & d) | | 112,000 | .00 | 0.00 | | 0.00 | | 112,000.00 | |
| f. Non-Federal share of amour | nt on line e | | | | | | | | |
| g. Federal share of amount on line e | | 112,000 | .00 | | | | | | |
| h. Federal payments previous | ly requested | | | | | | | | |
| i. Federal share now requested (Line g minus line h) | | 112,000. | .00 | 0.00 | | 0.00 | | 0.00 | |
| j. Advances required by | | | | | | - 77 | | | |
| month, when requested | 1st month | | | | | | | | |
| by Federal grantor agency for use in making | 2nd month | | | | | | | | |
| prescheduled advances | 3rd month | | | | | | | | |
| 12. | 314 Horia | ALTERNATE COMP | UTATION FO | OR ADVANCES | ONLY | | | | |
| a. Estimated Federal cash outlays that will be made during period covered by the advance | | | | | | | \$ | 988 2 0 0 0 | |
| b. Less: Estimated balance of Federal cash on hand as of beginning of advance period | | | | | | | | | |
| a. Amount mounted // ine a min | | | | | | | \$ | 0.00 | |